

PTO/SB/22 (08-03)

Approved for use through 7/31/2006. OMB 0851-0031

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional)
In re Application of	Endale G. Haile-mariam	
Application Number	09/726,041	Filed 11/30/2003
For	Desktop Projection Monitor	
Art Unit	2851	Examiner Khaled Brown

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ 110
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$

☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 55.

☐ A check in the amount of the fee is enclosed.

☒ Payment by credit card. Form PTO-2038 is attached.

☐ The Director has already been authorized to charge fees in this application to a Deposit Account.

☐ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number \_\_\_\_\_.

I have enclosed a duplicate copy of this sheet.

I am the ☒ applicant/inventor.

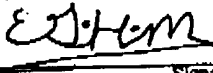
☐ assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number \_\_\_\_\_

☐ attorney or agent under 37 CFR 1.34(a).  
Registration number if acting under 37 CFR 1.34(a) \_\_\_\_\_

**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

September 30, 2003  
Date  
(301) 962-9220  
Telephone Number

  
Signature  
Endale G. Haile-mariam  
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

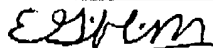
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PTO-2038 (02-2003)

Approved for use through 02/28/2006. OMB 0651-0043

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**United States Patent and Trademark Office****Credit Card Payment Form****Please Read Instructions before Completing this Form****Credit Card Information****Credit Card Type:** ☐ Visa ☒ MasterCard ☐ American Express ☐ Discover**Credit Card Account #:** 5424 1804 0141 9277**Credit Card Expiration Date:** 06/30/06**Name as it Appears on Credit Card:** Endale G. Haile-mariam**Payment Amount: \$ (US Dollars):** \$55**Cardholder Signature:** **Date:** September 30, 2003

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**Service Charge:** There is a \$50.00 service charge for processing each payment refused (including a check returned "unpaid") or charged back by a financial institution (37 CFR § 1.21 (m)).

**Credit Card Billing Address****Street Address 1:** 2712 Henderson Avenue**Street Address 2:****City:** Wheaton**State/Province:** MD**Zip/Postal Code:** 20902**Country:** U.S.A.**Daytime Phone #:** (301) 962-9220**Fax #:** (301) 962-8126**Request and Payment Information****Description of Request and Payment Information:**

Fee Code 2251 (Small Entity) Extension for reply within first month.

☒ **Patent Fee**☐ **Patent Maintenance Fee**☐ **Trademark Fee**☐ **Other Fee****Application No.**

09/726,041

**Application No.****Application No.****IDON Customer No.****Patent No.****Patent No.****Registration No.****Attorney Docket No.****Identify or Describe Mark**

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